

PART B - FEE(S) TRANSMITTAL

O I P E
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29150 7590 11/14/2005

LEE & HAYES, PLLC
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01/19/2006 TBESHANH2 00000107 120769 09526606

01 FC:1501 1400.00 DA
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LeAnn M. Sassman	(Depositor's name)
<i>LeAnn M. Sassman</i>	(Signature)
<i>1/18/2006</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/326,606	03/16/2000	Robert S. Mancini	3499-59	1911

TITLE OF INVENTION: ONLINE SALES RISK MANAGEMENT SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	02/14/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
BASHORE, ALAIN L		1762		705-035000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lee & Hayes, PLLC

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Goldman, Sachs & Co.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0769 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*

Date Jan 19, 2006

Typed or printed name Lewis C. Lee

Registration No. 34,656

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